(4) Pilotage.

(5) Captive facilities for port based industries. The salient features of the guidelines are as under :-

(i) The existing legislative framework permits private sector participation in ports.

(ii) Ports will continue to discharge their regulatory role under Major Port Trusts Act, 1963 and will continue to fix the ceiling of tariffs until and independent Regulatory Authority to fix and revise Port tariffs is established. Ports will also take steps to frame regulations consistent with the guidelines in order to enable private sector participation.

(iii) In identified projects to be put out on tender on BOT basis, the feasibility report will be made at the expense of the port, the cost of which will be subsequently recovered from the successful tenderer.

(iv) BOT model will be generally used for private sector participation with the assets reverting free to the port after concession period. Evaluation will be made on the basis of criteria laid down clearly in the tender document and will on the basis of maximum realisation to the port using NPV analysis.

(v) The concession period would be decided upon by the respective Port Trusts in each case with the maximum period not exceeding thirty years.

(vi) The Port will give no guarantee either for financial return or for the traffic which can be expected.

(vii) The tariff will be revised suitably by the competent Authority as & when it is justified on the basis of rise in wages, operational costs, inflation etc.

(viii) Private Sector participation will be on the basis of open competitive bidding.

(ix) The criteria for evaluation in taking on lease equipments/port crafts by Port Trust, and for pilotage will be the least cost to the ports.

(x) There will be no adverse affect on port labour. No retrenchment will be done without the concurrence of labour and only in accordance with Industrial Disputes Act and relevant labour laws of the country.

(xi) There will be total transparency in inviting bids following the two cover system.

(xii) Under certain conditions, Captive facilities would be allowed to Port based industries.

(c) The fresh Guidelines have been issued very recently. Future tenders for private sector participation would be based on these and response of Private Sector can be judged only in due course.

(d) During the 8th Five Year Plan (1992-97) an amount of about Rs.1436 crores has been spent for modernisation and development of Major Ports upto October, 1996.

Height of Sardar Sarovar Dam

*344. SHRI PARASRAM BHARDWAJ : Will the Minister of WATER RESOURCES be pleased to state :

(a) whether it is a fact that the review committee for the Narmada Control Authority has taken a decision to rise the height of the Sardar Sarover Dam to 110 m during the current financial year;

(b) whether State of Madhya Pradesh has also been taken into confidence in this regard; and

(c) if so, details thereof and the details regarding the clearance of all the compensation cases pending with the State Government of Madhya Pradesh?

THE MINISTER OF WATER RESOURCES (SHRI JANESWAR MISHRA) : (a) to (c). The 7th meeting of Review Committee for Narmada Control Authority was held on 13.11.96 to consider, inter-alia, the construction programme of Sardar Sarovar Dam for the year 1996-97. It was attended by the Chief Minister and Deputy Chief Minister of Madhya Pradesh, Chief Minister of Gujarat, Irrigation Minister of Maharashtra (representing Chief Minister) and Home Minister of Rajasthan (Representing Chief Minister) and concerned officials of the Central Ministries and States. It was decided therein that the height of Sardar Sarovar Dam be raised upto EL 110 metres in the spillway portion during 1996-97. In the meantime Resettlement & Rehabilitation measures for the balance affected persons of Madhya Pradesh upto EL 81.5 m would be completed by Gujarat. Madhya Pradesh has agreed to extend all help and cooperation in this regard. After review of the implementation of Resettlement & Rehabilitation measures at EL 81.5 m, similar reviews will be undertaken for every 5 metre height of the dam jointly by the concerned Resettlement & Rehabilitation sub-group and Environment sub-groups comprising representatives of States also so that the construction work could progress *pari passu* with the implementation of Resettlement & Rehabilitation measures in a manner that they are completed in terms of actual shifting of All Project Affected Persons by 31st May, 1997.

At the present dam height EL 81.5 metre, 692 families have been affected in Madhya Pradesh. The compensation for properities getting under submergence of the dam are paid by the states concerned from where the displaced family originates. Out of 692 Project Affected Families (PAFs) at the dam

height EL 81.5 metre. 155 Project Affected Families are still to be paid compensation by the Govt. of Madhya Pradesh.

Trauma Centre for Delhi

*346. SHRI BIJOY KRISHNA HANDIQUE : Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state :

(a) whether a trauma care centre was sanctioned and cleared by Union Ministry of Health and Family Welfare for Delhi in 1984;

(b) if so, whether it has been set up and if not, the reasons therefor;

(c) whether the Government are aware of the fact that a high percentage of accident victims cannot be saved for lack of trauma care facilities; and

(d) if so, the steps being taken by the Government in this regard?

THE MINISTER OF STATE OF THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI SALEEM IQBAL SHERVANI) : (a) to (d). A project for establishing a Centralized Accident and Trauma Service for Delhi was approved by the Expenditure Finance Committee with a financial outlay of about Rs.16 crores in 1984. However, due to various factors including the issue of funding, the project could not be implemented till date. Keeping in view the high percentage of accident victims in Delhi, a project for setting up a Trauma Centre in Delhi has been posed in October, 1996 to the Department of Economic Affairs for possible Japanese assistance.

Medical Facilities

*348. SHRI RAM KRIPAL YADAV : Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether any study has been made by the Government to know the deficiencies in the rural urban ratio of the number of hospitals and bed strength, and to identify the constraints in the primary health and surgical care in the rural areas with the increase in population;

(b) if so, the details thereof; and

(c) the steps taken/proposed to be taken by the Government in this regard?

THE MINISTER OF STATE OF THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI SALEEM IQBAL SHERVANI) : (a) and (b). As per the data available, the rural-urban ratio of hospitals and beds in the country as on 1.1.1993 is approximately 1:2 (4310 Hospitals in rural areas and 9382 hospitals in urban areas) and 1:4 (122109 beds in rural and 474094 beds in urban) respectively.

In the rural areas, primary health care is provided through a network of 1,32,285 Sub-Centres, 21,802 Primary Health Centres 2,401 Community Health Centres. There are approximately 1,09,010 observation beds in Primary Health Centres (at the rate of 4-6 beds) and 72030 indoor beds (at the rate of 30 beds per CHC).

Constraints as they have been identified through facility gap surveys conducted periodically in delivery of primary health care pertain to the gaps in provision of basic infrastructure, manpower availability, adequacy of drugs and availability of blood.

(c) Government of India has negotiated an International Development Assistance funded project from World Bank or the State of Andhra Pradesh, Karnataka, Punjab and West Bengal. The project includes, in its phase-I and phase-II, a total of 674 district hospitals, area hospital, community hospitals to be taken up for renovation/extension etc.

State Governments are regularly advised to fill vacancies at CHCs and PHCs and to provide essential drugs, equipment and to maintain the buildings and equipments provided in this infrastructure.

Under Blood Safety component of the National AIDS Control Programme, Government have modernised 815 public sector blood banks by providing minimum basic equipment and cash assistance towards blood banks, test reagents and replacement of disposable & Glass Wares. 154 Zonal Blood Testing Centres have been set up with linkages provided to blood banks to augment the total requirement of blood in the country.

Medical Assistance to A.P.

*349. SHRI R. SAMBASIVA RAO : Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether the Union Government have received any proposal from Andhra Pradesh Government regarding medical help to the cyclone affected people, keeping in view the apprehension of spread of epidemic like Cholera, Malaria etc.; and

(b) if so, the details thereof and the action being taken thereon?

THE MINISTER OF STATE OF THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI SALEEM IQBAL SHEARVANI) : (a) and (b). The Calamity Relief Fund available for expenditure to be incurred inter-alia on relief and rehabilitation has been released to the State of Andhra Pradesh. Fund for ways and means have also been provided.

The Crisis Management Group held meetings on 11th and 15th November, 1996 in which the State Government indicated that they had adequate stock of medicines for relief measures.